

'Assess the Effect of Body Mind Therapies on the Level of Perceived Stress, Anxiety and Depression Among Substance Users'

^[1] Mrs. Sundari S Apte, ^[2] Dr Rakesh Ghildiyal ^[3] Dr Mrs. Mary Mathews ^[4]Dr Mrs Tapati Bhattacharjee ^[1] PhD Scholar ^{[2][4]} HOD &Professor ^[3] Dean and Principal ^[2]Department of Psychiatry ^[4]Department of Medical Surgical Nursing ^{[1][2][3]}MGM Institute of Health sciences, Navi Mumbai ^[4] Bharati Vidyapeeth College of Nursing, Pune

Abstract:- Humans have used drugs of one sort or another for thousands of years. But their use was limited to certain occasions. In today's world there is a sharp increase in the substance use from adolescent to old age and there is a rise in the use of them even in fairer sex. A research was conducted to see the effect of body mind therapies on the level of anxiety, depression and perceived stress. Method: A quantitative, quasi experimental study was conducted on 45 subjects who were admitted in the de-addiction canters and met the sampling criteria. The tool consisted of four Section-Ia. Socio demographic data, Ib. substance use data, II. anxiety tool by Beck III. depression tool by Beck and IV. perceived stress questionnaire by Cohen's. The interventions consisted of Guided Imagery based on 12 steps of Alcoholic Anonymous and Self realization based on Sahaja Yoga Meditation. These interventions were given to the group for 3months on regular basis after which they have to practice on their own by using the information booklet and CDResults: It was seen thatthere is change in the level of perceived stress, anxiety and depression after the intervention after t 3months interval of intervention with the p value 0.000 in all the groups including control. The control groups Wilcox on value was lesser than the intervention group

Conclusion: If these therapies are regularly practiced at the de-addiction centre in addition to their planned and structured schedule will bring in a positive response in the clients of substance use.

Key words: Substance use disorder, anxiety, depression, guided Imagery, self realization

I. INTRODUCTIONS

Substance use disorder or drug use disorder is a condition in which the substances are overused or they become dependent on it.As per DSM – V, Substance abuse and / or substance dependence is replaced by Substance use disorder.[6] Substance use is one of the major causes of concern in the world. Even the most powerful country like America is in its grip and India is not very far behind.

Consumption of different substances has reference dated back to 2000 BC as Somras, and cannabis as sacred plant which gives timeless happiness. An individual is exposed to lot of stress and strain due to changing values, industrialization, Urbanization, and migration. These have led to nuclear family, competition and loosening of other traditional methods of social control. June 26 is celebrated as International Day against Drug Abuse and Illicit Trafficking every year in order to sensitize the general population, to the menace of drugs.

The prevalence of substance use in the world is on an increase especially to the fairer sex as they walk shoulder to shoulder with their counter parts. A Rapid Situation Assessment by the UNODC in 2002 of 4648 drug users showed that cannabis (40%), alcohol (33%) and opioids (15%) were the major substances used. A Rapid Situation and Response Assessment (RSRA) among 5800 male drug users revealed that 76% of the opioids users currently injected buprenorphine, 76% injected heroin, 70% chasing and 64% using propoxyphene. Most drug users concomitantly used alcohol (80%).

According to the World Drug Report, of 81,802 treatment seekers in India in 2004-2005, 61.3% reported use of opioids, 15.5% cannabis, 4.1% sedatives, 1.5% cocaine, 0.2% amphetamines and 0.9% solvents. The statistics reports that the death due to drug use disorder has increased to 127000 in 2013 from 53,000 in 1990. The highest number of deaths are from opioids use disorder followed by cocaine and amphetamine. The death due to Alcohol use disorders is 139000.

II. NEED OF THE STUDY:

The National Survey, the Ministry sources said, also indicates the prevalence of drug abuse among 371



women out of the sample size of 4,648 persons which is eight per cent. It is estimated that there are about 6.25 crores alcoholics, 90 lakhs Cannabis and 2.5 lakhs opiates and nearly 10 lakhs illicit drug users in the country.

Innovative portals on alcohol and health with a web-based self-help intervention tool have been developed with the support by world health organization (WHO) in four pilot countries, Belarus, Brazil, India and Mexico. The portals were launched on December 6, 2012, and provide information not only for policymakers and professionals, but also for the public at large. They include a self-screening tool for hazardous and harmful use of alcohol and a fully computerized self-help program for people who wish to reduce or stop drinking alcohol.

Morgan A. in 2001 found in his study that Sahaja yoga meditation has a beneficial effect in the treatment of anxiety and depression. He conducted the study on 24 patients who were divided into three groups namely Sahaja yoga meditation group, conventional treatment group and control group the treatment continued for 6 weeks. At the end of which there was a statistical decrease in the level of depression and anxiety as compared to other two group The study shows that Sahaja Yoga Meditation has a significant effect on improving the symptoms of anxiety and depression. Aleksandra Zgierska et al in his study on Mindfulness Meditation for Substance Use Disorders found by conducting a Systematic Review that, out of 20,000 research articles only 25 dealt with mindfulness meditation and although they are efficient and safe for the substance users but there is no conclusive report that they are effective for substance use disorder Hence keeping all these in mind the Researcher felt a need to assess the effect of guided imagery and Sahaja yoga meditation on the level of anxiety, depression and perceived stress among the substance users from selected de-addiction centers of Pune City

The researcher felt to curb or prevent further worsening the researcher wanted to experiment with complementary therapies along with the existing treatment in the de-addiction centers Title of the research: "Assess the effect of body- mind techniques and motivational interviewing on selected psychological parameters among substance users"

III. OBJECTIVES

1. To assess the perceived stress, depression and anxiety level among substance users before intervention both in control and experimental groups.

- 2. To assess the perceived stress, depression and anxiety level among substance users after Sahaja yoga meditation.
- 3 To assess the perceived stress, depression and anxiety level among substance users after Guided Imagery.
- 4 To compare the effectiveness of interventions on the level of perceived stress, depression, and anxiety.

IV. METHODOLOGY

Null Hypothesis:

- NHo: There will be no change in the perceived stress, depression and anxiety after Guided imagery among substance users.
- NH01: There will be no change in the perceived stress, depression and anxiety, after Sahaja Yoga-Self Realization among substance users.

Research Methodology:

- 1. Research Approach: Quantitative Approach
- 2. **Research Design**: Pre test-Post test control group method 3.**Population**: Target: Substance users from de-addiction centers and /or from rehabilitation centers
- **4.Sample**: Substance users in the age group of 19 50 years from de addiction centers and /or from rehabilitation centers of Pune City
- **5.Sampling techniques**: Multistage cluster sampling technique.

First stage: Selection of the de-addiction centers in Pune – Simple Random Sampling Technique

Second stage: Selection of the de-addiction centers for the different interventions - Simple random sampling technique **Third stage**: Selection of the samples from the de-addiction centers - Non probability Purposive sampling techniques with view of the exclusion criteria

6. Sample Size: 450- 150 each in control, Sahaja yoga and guided imagery group.

a) Inclusion Criteria: Samples who are:

in the de – addiction centers or rehabilitation centers for more than one week Samples who have fresh as well as relapse history of substance use Samples with Single or multiple substance use.

b) Exclusion criteria:

Who are suffering with long standing medical or psychological disorders. Those who only abuse tobacco in any form



7. De limitations

The study is limited to de- addiction centre and / or rehabilitation centers only.

8. Settings: Selected De-addiction centers in Pune city 9. Tools:

- Section I Demographic data- (Semi Structured Questionnaire) Data will be collected by interview method.a) Socioeconomic data; b) Substance use data
- ❖ Section II Perceived Stress Scale
- ❖ Section III Becks Anxiety Scale
- ❖ Section IV Becks Depression Scale

10. Variables:

- Independent Variables: Body mind therapies Guided Imagery & Sahaja yoga Meditation
- ❖ Dependent variables:Depression, anxiety and perceived stress level
- Extraneous variables: Regular medication and therapy that a subject is receiving at the deaddiction centre.

V. RESULTS

Table 1a. Socio demographic data of the subject N= 150,150,150

* 1	- 1009.	100,100							
Sahaja	Yoga	Guided Imagery		Control	1111				
Freq	%	Freq	%	Freq	%				
Age									
26	17	28	19	30	19				
60	40	54	36	46	31				
43	29	50	33	46	31				
21	14	18	12	28	19				
Market Street									
148	99	119	79	150	100				
2	1	31	21	NIL	0				
	Marital	status							
62	41	62	41	71	47				
50	33	65	43	60	40				
28	19	16	11	14	9				
10	7	7	5	5	4				
	Family	type							
32	22	50	33	84	56				
109	73	91	61	52	35				
9	6	9	6	14	9				
	Educa	ation							
17	28	28	19	21	14				
61	41	54	36	46	31				
	Sahaja Freq 26 60 43 21 148 2 62 50 28 10 17	Sahaja Yoga Freq % 26 17 60 40 43 29 21 14 Marital 62 41 50 33 28 19 10 7 Family 32 22 109 73 9 6 Educa 17 28	Sahaja Yoga Imagery Freq % Freq 26 17 28 60 40 54 43 29 50 21 14 18 Marital status 62 41 62 50 33 65 28 19 16 10 7 7 Family type 32 22 50 109 73 91 9 6 9 Education 17 28 28	Sahaja Yoga	Guided Imagery Control Imagery Freq % Freq % Freq 26 17 28 19 30 60 40 54 36 46 43 29 50 33 46 21 14 18 12 28 Marital status 62 41 62 41 71 50 33 65 43 60 28 19 16 11 14 10 7 7 5 5 Family type 32 22 50 33 84 109 73 91 61 52 9 6 9 6 14 Education 17 28 28 19 21				

10 +2	53	35	32	22	36	24					
Graduate	14	9	32	22	43	29					
Other	5	4	4		4	3					
Occupation											
Unemployed	1	1	2	1	60	40					
Service	112	75	106	71	56	37					
Business	27	18	29	19	22	15					
Agriculture	7	5	10	7	12	8					
Other	3	2	3	2	NIL						
	In	come pe	er month								
Less than Rs. 10000	17	11	32	21	51	54					
Rs. 10001 – 30000	95	63	73	49	51	54					
Rs 30001 - 60000	26	17	43	29	23	15					
More than Rs. 60001	12	8	2	1	25	17					
Area of Living											
Rural	7	Ada	112		39						
Urban	143		38		111						

Table 1a Shows that the subject under study were mainly in the age group of 26 – 34 yrs with 31,36 and 40 percent in control, Sahaja yoga and guided imagery group. Based on the gender most of them were male but the females were also present. As per their marital status mostly they were married but in Sahaja Yoga group they were unmarried. Family structure they mostly belonged to nuclear family however the control group showed maximum subjects belonged to joint family. Maximum subjects had their education till secondary school. The occupation of the subjects was mainly services but the control group had their main occupation as agriculture. Monthly incomes of the subjects were ranging from less than 10000 to 30000/month. The area of living were both in urban as well as in rural areas.

Table 1b. Substance use data of the subject N= 150,150,150



Demographic variable	Sahaja Yoga	Sahaja Guided Co Yoga Imagery		Control							
	Freq	%	Freq	%	Freq	%					
Age at which started the substance use											
Less than 15	21	14	15	10	22	15					
15 - 25yrs	89	59	94	63	96	64					
25-35Yrs	30	20	31	21	28	19					
35-45 Yrs	10	7	10	7	4	3					
		Reason fo	r substance								
Peer	139	93	114	76	124	83					
Enjoy	10	6	24	16	18	12					
Stress	1	1	12	8	8	5					
		Substanc	e that you u								
Alcohol alone	96	64	122	81	127	85					
Drugs alone	29	19	15	10	16	11					
Alcohol +drug											
use	25	17	13	9	7	4					
		nospital for									
Yes	100	67	82	55	95	62					
No	50	33	68	45	96	38					
		f time had r									
1 – 5 times	32	21	20	13	24	16					
6 – 10 times	101	67	120	80	113	75					
>10 times	17	12	10	7	13	9					
		ny legal pro									
No	86	57	111	74	96	64					
Yes	64	43	39	26	54	36					

Table 1b shows data regarding substance use. The age at which the substance use was started in all the groups were around 15 – 25 years of age. Maximum got into this habit due to peer pressure. Maximum subjects were using alcohol alone. Due to this condition most of them were admitted for medical/ surgical problems which were fracture, hepatitis, fatty liver, peptic ulcer, hematemesis, esophageal varies etc...,The number of readmission to rehabilitation or de-addiction center were 6-10 times. Most of them did not have any criminal cases against them.

Table 2: Correlation between the intervention N=150.150.150

		1. 100,100,	1 - 100,100,100							
Parameters	meters Median Wilcox on p - Value Statistics									
	Guided Imagery									
Perceived	-5.500	153.5	0.000							
stress										
Anxiety	-10.00	0.0	0.000							
Depression	-5.000	0.0	0.000							
	Sal	haja Yoga								
Perceived stress	-4.500	144.0	0.000	the interventions						
Anxiety	-8.500	0.0	0.000	are very						
Depression	-4.000	16.5	0.000	effective						
	(Control								
Perceived	-4.500	137.0	0.000							
stress										
Anxiety	-7.500	71.0	0.000							
Depression	-3.500	137.5	0.000							

Table 2, shows that since the data were not within the normality range, Wilcox on statistics was used. The result showed that the interventions were effective in reducing the level of perceived stress, anxiety and depression among the substance users. The same effect was seen among the control group but the Wilcox on scores are

higher as compared to intervention group at the level of significance of 0.05.

Table 3: Level of Perceived Stress—pre and post test N = 150,150,150

			PE	ERCEIV	ED STRE	ESS			
Group	Test	M	lild	Mo	derate	Se	vere	Mean	SD
		Freq	%	Freq	%	Freq	%		
	Pre	18	12	128	85.3	4	2.7	19.98	5.35
Guided Imagery	Post 1	7	4.7	134	89.3	9	6	14.53	5.19
Sahaja yoga	Pre	101	67.3	12	8	37	24.7	18.68	4.82
Sanaja yoga	Post 1	115	76.7	32	21.3	3	2	14.2	4.68
Control group	Pre	100	66.7	32	21.3	18	12	19.34	4.72
	Post 3	111	74	31	20.7	8	5.3	15.02	4.2
			-		-				

Grading: Mild – 0-13; Moderate – 14 – 26; Severe – 27 – 40

Table4: Anxiety level - Pre and post test Scores N= 150,150,150

loping research

11-130,130,130										
Group	Test	Mild		Moderate		Severe		Mean	SD	
		Freq	%	Freq	%	Freq	%			
	Pre	18	12	128	85.3	4	2.7	35.48	14.22	
Sahaja yoga	Post 1	7	4.7	134	89.3	9	6	26.75	11.32	
Guided	Pre	101	67.3	12	8	37	24.7	39.5	13.6	
imagery	Post 1	115	76.7	32	21.3	3	2	28.94	11	
Ct1	Pre	104	69.3	19	12.7	27	18	34.74	14.45	
Control group	Post 3	117	78	25	16.7	8	5.3	26	11.69	

Grading: 0 – 21 Mild Anxiety; 22 – 43 Moderate Anxiety; 44- 63 – Severe Anxiety

Table 5: Depression level – Pre &post test N=150,150,150



		Depression							
Group	Test	Mild		Moderate		Severe		Mean	SD
		Freq	%	Freq	%	Freq	%		
	Pre	18	12	128	85.3	4	2-7	15.3	8.75
Sahaja yoga	Post 1	7	4.7	134	89.3	9	6	11.26	6.79
Guided	Pre	101	67.3	12	8	37	24.7	18.26	8.87
imagery	Post 1	115	76.7	32	21.3	3	2	12.92	6.88
Control group	Pre	104	69.3	19	12.7	27	18	15.18	7.98
	Post 3	115	76.7	32	21.3	3	2	11.56	8.31

Grading: Mild – 0-21; Moderate – 22- 42; Severe – 43 - 63

VI. DISCUSSION:

The above studies shows there is change in the level of anxiety and depression and perceived stress in the entire group including the control group. However the effect is seen more in the intervention group A similar study conducted by Morgan who used Sahaja yoga meditation among his clients and found that the level of anxiety and depression decreased after intervention which is similar to this study. The null hypothesis is proved wrong as there is change in the level of perceived stress, anxiety and depression

VII. IMPLICATIONS

Nursing Education: Although the theory is taught to the students the practical aspects are not taken care. If we have some practical session during the curriculum will enrich the students. They can practice these interventions for self and for the clients patients to improve their conditions. Nursing

Administration: The Administrators should conduct such practical session during in-service education to de-stress the nurses from the busy schedule of professional life. These therapies rejuvenate the individual. Nursing Research: More such studies should be carried out considering various complementary therapies for the welfare of the clients in thehospital.

VIII. CONCLUSION:

The complementary therapies have a special role to play in the improvement of the patient's condition specially in the de-addiction centers. These therapies needs no prescription and does not interfere with the regular treatment .Thus these therapies can be practiced easily by a nurse This helps the nurse to understand her client much better. This can be a turning point to reduce the number of substance users in the country.

REFERENCES:

- 1. Ksir, Oakley R, Charles. Drugs, society, and human behavior. 9th ed. Boston: McGraw-Hill; 2002. ISBN 0072319631
- 2. The Columbia Electronic Encyclopedia. 6th ed. Columbia University Press; 2007
- 3. Healthy Place.com: Impact on addiction on family.
- 4. Skinner, Marilyn, Aubin HA. Cravings Place in addiction theory:contributions of the major models. Neuroscience and behavioral reviews, Mar 2010; 34(4):606-23.
- 5. Hoffman, John, Felcia C. Parental substance use disorder, an event history analysis. Drug and alcohol dependence, May 2002;66(3):255-64.
- 6. Rogers CR. Client-centred therapy. Its current practice, implications, and theory. Boston: Houghton Mifflin: 1951.
- 7. Miller WR, Rollnick S. Motivational interviewing, preparing people to change addictive behavior. New York: The Guildford Press; 2002.
- 8. Mandira Moddie. Dealing with drug abuse. Frontline, Aug 2005;22(17):13-26.
- 9. www.abovetheinfluence.com Office of National Drug Control Policy
- 10. Mosby's Medical, Nursing, & Allied Health Dictionary. 6th Edition. Drug abuse definition. Nursing diagnoses, p. 2109. ISBN 0-323-01430-5
- 11. Morgan A.(2001): Sahaja Yoga: An ancient path to modern mental health? Transpersonal Psychology. Transpersonal Psychology Review 4:41-49
 12.Aleksandra Zgierska, MD, PhD, David Rabago, MD, Neharika Chawla, MS, Kenneth Kushner, PhD, Robert Koehler, MLS, and Allan Marlatt, PhD Mindfulness Meditation for Substance Use Disorders: A Systematic Review Subst Abus. 2009 Oct–Dec; 30(4): 266–294.